

DIVISION OF HEALTH AND MEDICAL SERVICES

(605) 773-3737 FAX: (605) 773-5509

Community Health Services Disease Prevention Family Health Health Promotion State Epidemiologist 615 East 4th Street Pierre, SD 57501-1700

Point of Contact _____

CONFIDENTIAL

Fax template for school absenteeism reporting

Please Fax this sheet each Monday to (605) 773-5509

Name of Attendance Center/School _____

ınty:	Enrollment:	Phone number:	
School Week	Number of student absent days due to illness	Was school closed due to illness? Yes/No	If yes, how many days closed
3-7 Nov 08			
10-14 Nov 08			
17-21 Nov 08			
24-26 Nov 08			
1-5 Dec 08			
8-12 Dec 08			
15-19 Dec 08			
22-26 Dec 2008	Christmas and New Year vacation		
29 Dec 08 - 2 Jan 2009			
5-9 Jan 09			
12-16 Jan 09			
19-23 Jan 09			
26-30 Jan 09			
1-6 Feb 09			
9-13 Feb 09			
16-20 Feb 09			
23-27 Feb 09			
2-6 Mar 09			
9-13 Mar 09			
16-20 Mar 09			
23-27 Mar 09			
30 Mar – 3 Apr 09			
6-10 Apr 09			1
13-17 Apr 09			
20-24 Apr 09			
27 Apr – 1 May 09			

^{*}Only illness absentees are to be reported, not absentees due to sports trips, school activity trips, dental appointment, vacations, etc. A student is counted for each day absent. If a student is absent 3 days in a week she is counted 3 times.